

241289

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013 - 21 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Thomas Spivey

Telephone: 843-393-0996

Address: 1304 E. McIver Rd

Fax: 843-393-0209

Darlington, SC 29532

Other:

Email: thomasspivey@ymail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
JAN 08 2013  
PSC SC  
OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: December 28, 2012

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Palmetto Rural Fire Department

1304 E. McIver Rd

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-393-0996

Phone

843-393-0209

Fax

thomaspivey@ymail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Thomas Spivey

Derrick Campbell

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month January Year 2013

**Assets:**

Cash	46,835.18	
Receivables		
Real Estate	75,000	
Buildings and Equipment (Net)	900,000	
Motor Vehicles (Net)	830,000	
Garage Equipment (Net)	30,000	
Machinery and Tools (Net)	7,500	
Supplies on Hand		
Prepays and Other Assets		
<b>Total Assets *</b>	<b>1,881,835.18</b>	
<b><u>Liabilities and Equity:</u></b>		
Accounts Payable	28,500	
Notes Payable	20,000	
Mortgages Payable	48,000	
Equipment Obligations	0	
Accrued Salaries and Wages	87,000	
Other Accrued Obligations	0	
Other Liabilities	0	
<b>Total Liabilities</b>	<b>183,500</b>	
Capital Stock	0	
Retained Earnings	0	
<b>Total Equity</b>		
<b>Total Liabilities and Equity *</b>	<b>2,065,335.18</b>	

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

	0-3	4-6	7-10	11-15	16-20	21-25	26-30	31-35	41-45	45-over
Ambulatory	\$7.00	\$12.00	\$16.00	\$20.00	\$25.00	\$28.00	\$31.00	\$35.00	\$46.00	\$75.00
Wheelchair	\$12.00	\$16.00	\$22.00	\$27.00	\$31.00	\$36.00	\$44.00	\$52.00	\$60.00	\$85.00
Stretcher	\$125.00 base rate & \$6.00 per mile									
BLS	\$385.00 base rate & \$7.00 per mile									
ALS	\$425.00 base rate & \$7.00 per mile									

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |  |  |                                     |                                       |
|-------------------------------------|--|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee                | <input checked="" type="checkbox"/> Florence | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester                 | <input type="checkbox"/> Georgetown          | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale  | <input checked="" type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville          | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon               | <input type="checkbox"/> Greenwood           | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton                | <input type="checkbox"/> Hampton             | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell   | <input checked="" type="checkbox"/> Darlington   | <input type="checkbox"/> Horry               | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon                  | <input type="checkbox"/> Jasper              | <input type="checkbox"/> Oconee     |                                       |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester              | <input type="checkbox"/> Kershaw             | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield               | <input type="checkbox"/> Lancaster           | <input type="checkbox"/> Pickens    |                                       |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield               | <input type="checkbox"/> Laurens             | <input type="checkbox"/> Richland   |                                       |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Chevy	1997 Astro	1GNDM19W6WB152405	5,950 LB	
Ford	2003 Crown Victoria	2FAFP71493X129707	5,942 LB	

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Palmetto Rural Fire Department

Name of Applicant

1304 E. McIver Rd.

Address of Applicant

### Amount of Premium:

Liability Insurance \$ 1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily Injury and property damage limits will not be less than the following:

	Limits Quoted	
Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$1,000

McNeill & Company, Inc. / Arch Insurance Company

Name of Insurance Company

P.O. Box 5670, 20 Church St. Cortland, NY 13045

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

01/07/2013

Date



Authorized Insurance Company Representative's Signature

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*Dan Campbell*  
Applicant's Signature

President  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Darlington )

SWORN TO BEFORE ME  
This 7<sup>th</sup> day of January, 2013

*Ruthie D. Demmon*  
Notary Public

Commission Expires 8/10/17

The R. L. Bryan Company, Columbia, S. C. 333965

# The State of South Carolina

## EXECUTIVE DEPARTMENT

### CERTIFICATE OF INCORPORATION BY THE SECRETARY OF STATE

WHEREAS, James P. Brunson, 111, P.O. Box 563, Darlington, S.C.  
Samuel M. Flowers, Rt. 5, Darlington, S.C.

two or more of the officers or agents appointed to supervise or manage the affairs of  
PALMETTO RURAL FIRE DEPARTMENT

which has been duly and regularly organized, did on the 18th day of  
May, A. D. 1972, file with the Secretary of State a written declaration setting forth:

That, at a meeting of the aforesaid organization held pursuant to the by laws or regulations of the said organization, they were authorized and directed to apply for incorporation.

That, the said organization holds, or desires to hold, property in common for Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpose, or any two or more of said purposes, and is not organized for the purpose of profit or gain to the members, otherwise than is above stated, nor for the insurance of life, health, accident or property; and that three days' notice in the News & Press, a newspaper published in the County of Darlington

, has been given that the aforesaid Declaration would be filed.

AND WHEREAS, Said Declarants and Petitioners further declared and affirmed:

FIRST: Their names and residences are as above given.

SECOND: The name of the proposed Corporation is PALMETTO RURAL FIRE DEPARTMENT

THIRD: The place at which it proposes to have its headquarters or be located is PO Box 563, Darlington

FOURTH: The purpose of the said proposed Corporation is its purpose shall be the preservation and protection of property from and during such fires as may occur to subscribers within our district.

FIFTH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:  
James P. Brunson, 111, President, P.O. Box 563, Darlington, S.C.  
Carter Weaver, Vice President, Rt. 5, Darlington, S.C.

FIFTH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:

James P. Brunson, 111, President, P.O. Box 563, Darlington, S.C.  
Carter Weaver, Vice President, Rt. 5, Darlington, S.C.  
Mrs. B. H. Howle, Secretary, Rt. 6, Darlington, S.C.  
Samuel M. Flowers, Treasurer, Rt. 5, Darlington, S.C.

SIXTH: That they desire to be incorporated: in perpetuity

Now, THEREFORE, I, O. FRANK THORNTON, Secretary of State, by virtue of the authority in me vested, by Chapter 12, Code of 1952, and Acts amendatory thereto, do hereby declare the said organization to be a body politic and corporate, with the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by said Chapter 12, Title Code of 1952, and Acts amendatory thereto.

TRUE COPY

*Marvin Thornton*

Clerk of Court of C. P. & G. S.  
Darlington County, S. C.

(SEAL)

Filed May 30, 1972 at 3:14 P.M.  
D.E.Beasley,CCCP

GIVEN under my hand and the seal of the State, at Columbia,  
this 18th day of May  
in the year of our Lord one thousand nine hundred and  
72 and in the one hundred and  
96th year of the Independence of the  
United States of America.

O. FRANK THORNTON

Secretary of State.